# Medicaid Adult Expansion Report



January 14, 2021

## Expansion Enrollment by Subgroup

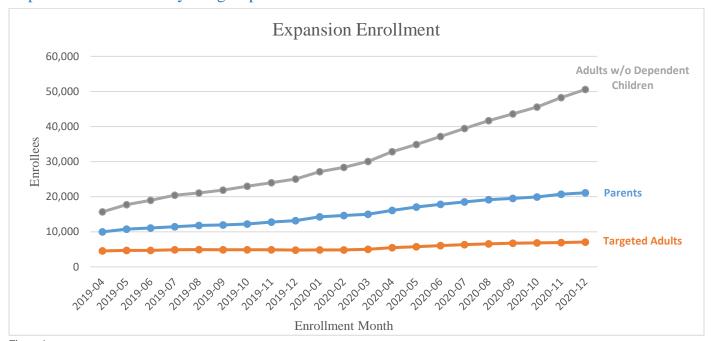


Figure 1 Expansion Enrollment

#### Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
Adults w/o Dep. Children	15,675	17,721	18,975	20,451	21,069	21,910	22,998	23,999	25,031
Parents	9,978	10,771	11,097	11,459	11,820	11,948	12,204	12,780	13,185
Targeted Adults	4,553	4,682	4,703	4,871	4,931	4,901	4,901	4,878	4,795
Total	30,206	33,174	34,775	36,781	37,820	38,759	40,103	41,657	43,011

Table 1a

#### Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
Adults w/o Dep. Children	27,149	28,388	30,058	32,812	34,870	37,178	39,455	41,687	43,593	45,579	48,237	50,559
Parents	14,293	14,640	15,022	16,119	17,058	17,840	18,527	19,158	19,502	19,911	20,685	21,128
Targeted Adults	4,839	4,853	5,018	5,458	5,740	6,061	6,340	6,559	6,744	6,846	6,952	7,085
Total	46,281	47,881	50,098	54,389	57,668	61,079	64,322	67,404	69,839	72,336	75,874	78,772

Table 1b

#### **Notes:**

Enrollment as of January 13, 2021. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

## **Expansion Demographics**

Last update: January 2021

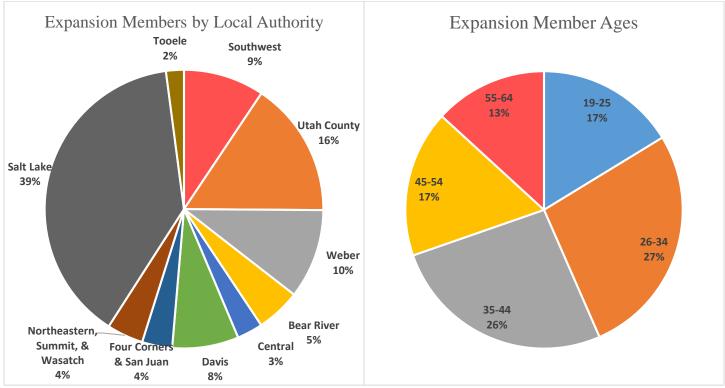


Figure 2 Figure 3

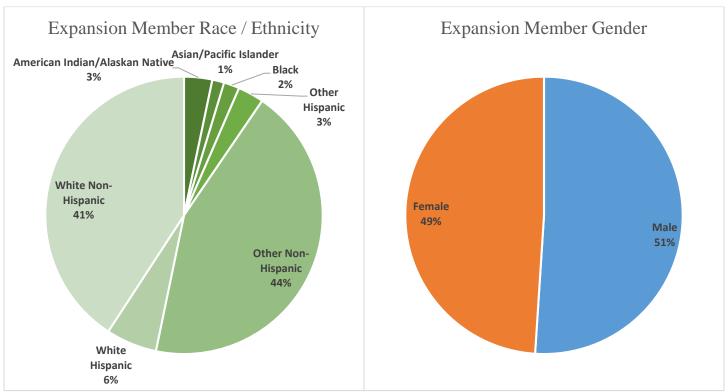


Figure 4 Figure 5

## Targeted Adult Medicaid (TAM) Enrollment by Subgroup

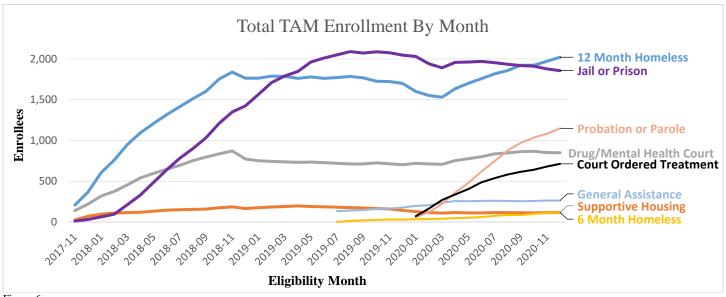


Figure 6

#### TAM Enrollment by Month

FY19 Totals	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06
Total	3,042	3,321	3,591	3,975	4,243	4,126	4,256	4,438	4,517	4,553	4,682	4,703
Table 2a			ı	ı	ı	ı		ı	ı	ı	ı	ı
FY20 Category	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06
12 Month Homeless	1,771	1,786	1,768	1,727	1,723	1,698	1,600	1,552	1,530	1,633	1,701	1,758
6 Month Homeless	*	14	21	24	30	29	35	34	40	47	52	60
Supportive Housing	182	176	172	165	160	143	127	115	108	114	112	112
General Assistance	133	141	147	161	165	178	197	205	236	256	255	259
Court Ordered Treatmnt							72	164	270	337	403	487
Drug/Mental Health Crt	720	712	712	726	714	701	719	711	708	752	777	800
Jail or Prison	2,051	2,090	2,071	2,088	2,075	2,046	2,031	1,941	1,891	1,957	1,961	1,969
Probation or Parole							58	119	223	361	478	617
State Hospital/Civil Chrg	14	12	10	10	11	*	*	12	12	*	*	*
Total	4,871	4,931	4,901	4,901	4,878	4,795	4,839	4,853	5,018	5,458	5,740	6,061
Table 2b												

Table 20						
FY21 Category	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
12 Month Homeless	1,816	1,858	1,923	1,923	1,973	2,021
6 Month Homeless	76	85	87	98	111	117
Supportive Housing	115	115	114	112	114	118
General Assistance	260	259	255	258	263	263
Court Ordered Treatmnt	538	582	615	641	680	713
Drug/Mental Health Crt	835	848	862	867	851	849
Jail or Prison	1,954	1,935	1,918	1,911	1,878	1,856
Probation or Parole	746	877	971	1,036	1,082	1,149
Total	6,340	6,559	6,744	6,846	6,952	7,085

Table 20

**Notes:** Enrollment as of January 13, 2021. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

<sup>\*</sup>Domestic Violence and selected months from State Hospital/Civil Charge are suppressed due to low enrollment

### **Targeted Adult Medicaid Reimbursements**

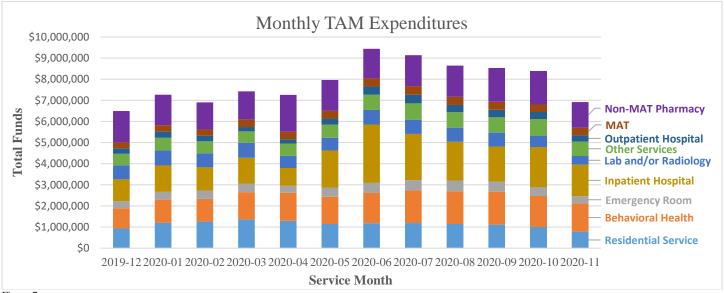


Figure 7

<b>Monthly Expendi</b>	tures (in	1,000's)				F	Y20						
Service Type	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	Total
Residential Serv.	\$932	\$1,198	\$1,259	\$1,366	\$1,298	\$1,142	\$1,185	\$1,188	\$1,146	\$1,112	\$1,006	\$778	\$13,611
Behavioral Health	\$952	\$1,097	\$1,072	\$1,287	\$1,327	\$1,291	\$1,427	\$1,548	\$1,549	\$1,556	\$1,474	\$1,344	\$15,924
Emergency Room	\$347	\$376	\$395	\$412	\$329	\$443	\$481	\$488	\$511	\$483	\$431	\$346	\$5,042
Inpatient Hospital	\$1,025	\$1,251	\$1,104	\$1,215	\$844	\$1,747	\$2,765	\$2,184	\$1,833	\$1,665	\$1,891	\$1,488	\$19,012
Lab & Radiology	\$668	\$703	\$665	\$707	\$578	\$609	\$692	\$677	\$669	\$655	\$523	\$414	\$7,561
Other Services	\$544	\$603	\$570	\$542	\$580	\$620	\$716	\$771	\$737	\$728	\$806	\$679	\$7,896
Outpatient Hosp.	\$263	\$293	\$254	\$208	\$201	\$288	\$384	\$410	\$342	\$357	\$317	\$297	\$3,616
MAT	\$278	\$305	\$308	\$366	\$351	\$365	\$388	\$411	\$385	\$380	\$364	\$362	\$4,264
Non-MAT Pharm.	\$1,486	\$1,440	\$1,276	\$1,323	\$1,747	\$1,458	\$1,401	\$1,466	\$1,478	\$1,598	\$1,578	\$1,210	\$17,463
Grand Total	\$6,495	\$7,265	\$6,904	\$7,427	\$7,257	\$7,963	\$9,440	\$9,144	\$8,650	\$8,535	\$8,391	\$6,918	\$94,388

Table 3

<b>Distinct Members</b>	Served					FY20						
Service Type	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11
Residential Serv.	335	419	462	525	484	449	429	415	397	398	362	277
Behavioral Health	1,275	1,424	1,462	1,580	1,610	1,682	1,715	1,656	1,682	1,576	1,523	1,163
Emergency Room	509	504	502	556	438	545	577	613	629	623	645	535
Inpatient Hospital	99	109	102	116	110	168	176	163	152	157	169	136
Lab & Radiology	1,030	1,140	1,198	1,277	1,136	1,172	1,286	1,237	1,207	1,229	1,176	905
Other Services	4,625	4,484	4,523	4,725	5,207	5,467	5,798	6,056	6,335	6,555	6,681	6,599
Outpatient Hosp.	364	422	434	370	362	395	522	581	615	572	589	513
MAT	506	546	550	605	655	687	738	750	751	777	719	690
Non-MAT Pharm.	1,769	1,809	1,816	1,941	2,005	2,137	2,213	2,242	2,275	2,300	2,361	2,252
Grand Total	4,673	4,606	4,616	4,812	5,255	5,525	5,854	6,124	6,396	6,603	6,728	6,653

Table 4

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

## **Expansion Parents Enrollment**

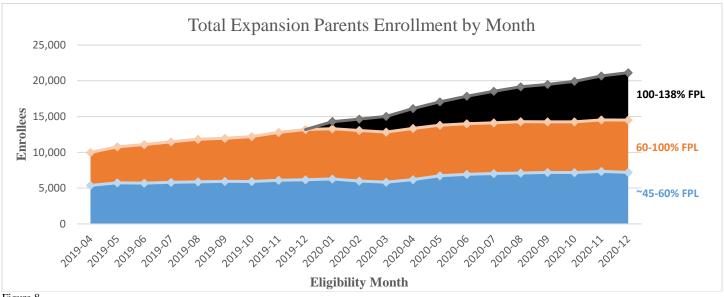


Figure 8

## **Expansion Parents Enrollment by Month**

#### Bridge

Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
60-100% FPL	4,595	5,034	5,394	5,656	5,936	5,996	6,274	6,687	7,027
~45-60% FPL	5,383	5,737	5,703	5,803	5,884	5,952	5,930	6,093	6,158
Total	9,978	10,771	11,097	11,459	11,820	11,948	12,204	12,780	13,185

Table 5a
Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
100-138% FPL	1,001	1,592	2,194	2,765	3,258	3,839	4,402	4,881	5,243	5,654	6,162	6,621
60-100% FPL	7,016	7,063	6,997	7,159	7,082	7,077	7,074	7,161	7,053	7,073	7,181	7,300
~45-60% FPL	6,276	5,985	5,831	6,195	6,718	6,924	7,051	7,116	7,206	7,184	7,342	7,207
Total	14,293	14,640	15.022	16,119	17.058	17.840	18,527	19,158	19,502	19,911	20,685	21,128

Table 5b

#### **Notes:**

Enrollment as of January 13, 2021. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage

## **Expansion Parents Reimbursements**

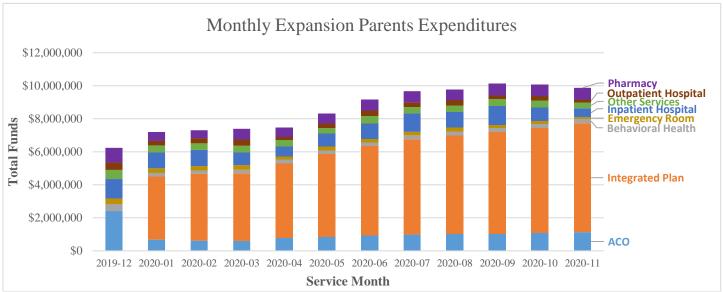


Figure	9

Monthly Expenditu	ures (in 1	,000's)		FY20 FY21									
Service Type	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	Total
ACO	\$2,415	\$673	\$620	\$600	\$787	\$864	\$934	\$987	\$1,015	\$1,047	\$1,085	\$1,130	\$12,157
Integrated Plan	\$0	\$3,835	\$4,043	\$4,102	\$4,529	\$4,999	\$5,411	\$5,775	\$5,982	\$6,150	\$6,364	\$6,606	\$57,797
Behavioral Health	\$427	\$206	\$202	\$209	\$217	\$229	\$230	\$229	\$248	\$252	\$247	\$247	\$2,941
Emergency Room	\$325	\$285	\$270	\$280	\$184	\$230	\$191	\$219	\$229	\$173	\$184	\$113	\$2,683
Inpatient Hospital	\$1,185	\$964	\$982	\$763	\$615	\$791	\$967	\$1,110	\$960	\$1,167	\$800	\$538	\$10,841
Other Services	\$551	\$420	\$398	\$408	\$393	\$354	\$455	\$393	\$376	\$415	\$434	\$350	\$4,947
Outpatient Hospital	\$445	\$278	\$317	\$377	\$165	\$246	\$313	\$281	\$320	\$227	\$259	\$180	\$3,408
Pharmacy	\$895	\$541	\$479	\$652	\$568	\$593	\$638	\$679	\$634	\$707	\$694	\$707	\$7,786
Grand Total	\$6,243	\$7,201	\$7,309	\$7,392	\$7,458	\$8,307	\$9,139	\$9,672	\$9,764	\$10,138	\$10,067	\$9,871	\$102,561

Table 6	
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Distinct Members	Served					F	Y20					
Service Type	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11
ACO	4,538	1,552	1,438	1,417	1,860	2,042	2,200	2,320	2,380	2,433	2,526	2,622
Integrated Plan		7,843	8,282	8,398	9,297	10,248	11,067	11,804	12,232	12,565	12,973	13,435
Behavioral Health	6,400	3,718	3,859	3,940	4,158	4,367	4,518	4,675	4,862	4,943	5,023	5,255
Emergency Room	394	341	301	298	190	217	207	237	230	185	192	151
Inpatient Hospital	68	78	84	74	50	55	81	79	63	67	56	36
Other Services	1,938	1,335	1,355	1,412	1,201	1,200	1,368	1,266	1,265	1,335	1,380	1,207
Outpatient Hospital	638	411	400	368	240	310	399	396	344	354	349	308
Pharmacy	3,284	2,785	2,722	3,004	2,944	3,047	3,289	3,393	3,518	3,596	3,724	3,678
Grand Total	8,900	12,380	12,873	13,096	14,162	15,243	16,269	17,170	17,672	17,996	18,511	19,114

Table 7

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
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## Expansion Adults without Dependent Children Enrollment

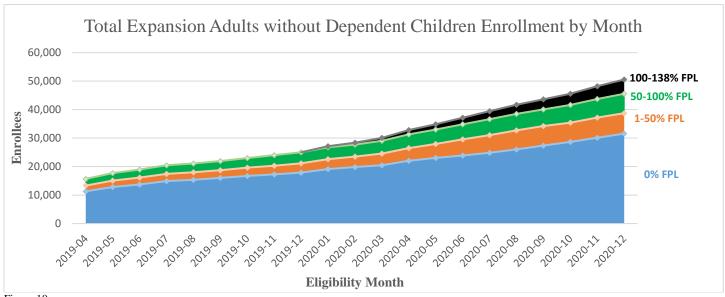


Figure 10

#### Expansion Adults without Dependent Children Enrollment by Month

#### Bridge

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Category	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12
50-100% FPL	2,345	2,617	2,825	3,008	3,083	3,165	3,390	3,664	3,888
1-50% FPL	1,995	2,257	2,386	2,546	2,610	2,717	2,872	3,069	3,224
0% FPL	11,335	12,847	13,764	14,897	15,376	16,028	16,736	17,266	17,919
Total	15,675	17,721	18,975	20,451	21,069	21,910	22,998	23,999	25,031

Table 8a

#### Fallback

Category	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
100-138% FPL	390	642	960	1,482	1,850	2,309	2,830	3,171	3,520	3,916	4,506	4,998
50-100% FPL	4,142	4,262	4,543	4,843	5,092	5,321	5,572	5,789	5,814	6,244	6,545	6,823
1-50% FPL	3,494	3,619	4,057	4,429	4,885	5,621	6,187	6,694	6,889	6,722	7,068	7,158
0% FPL	19,123	19,865	20,498	22,058	23,043	23,927	24,866	26,033	27,370	28,697	30,118	31,580
Total	27,149	28,388	30,058	32,812	34,870	37,178	39,455	41,687	43,593	45,579	48,237	50,559

Table 8b

#### **Notes:**

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## Expansion Adults without Dependent Children Reimbursements

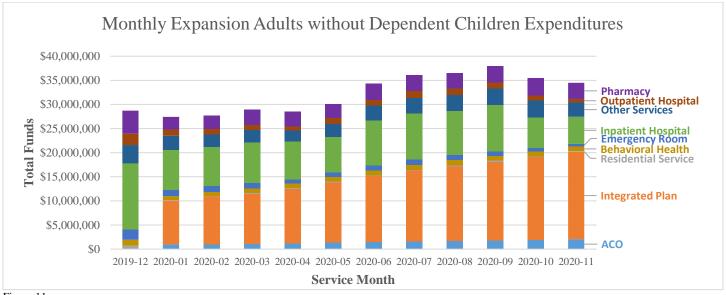


Figure 11

<b>Monthly Expendit</b>	tures (in	1,000's)				I	FY20 FY21						
Service Type	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	Total
ACO	\$0	\$967	\$1,049	\$1,097	\$1,233	\$1,373	\$1,513	\$1,633	\$1,744	\$1,841	\$1,970	\$2,071	\$16,491
Integrated Plan	\$0	\$9,052	\$9,859	\$10,398	\$11,316	\$12,496	\$13,628	\$14,649	\$15,419	\$16,283	\$17,137	\$18,077	\$148,314
Behavioral Health	\$1,241	\$817	\$834	\$876	\$863	\$876	\$937	\$987	\$1,056	\$1,011	\$1,057	\$1,013	\$11,569
Emergency Room	\$2,131	\$1,251	\$1,154	\$1,150	\$886	\$973	\$1,123	\$1,134	\$1,105	\$918	\$689	\$526	\$13,041
Inpatient Hospital	\$13,704	\$8,319	\$8,102	\$8,396	\$7,808	\$7,408	\$9,292	\$9,580	\$9,113	\$9,626	\$6,346	\$5,629	\$103,325
Other Services	\$3,789	\$2,930	\$2,606	\$2,570	\$2,280	\$2,609	\$3,069	\$3,190	\$3,320	\$3,457	\$3,488	\$2,968	\$36,278
Outpatient Hosp.	\$2,388	\$1,321	\$1,168	\$993	\$823	\$1,298	\$1,221	\$1,440	\$1,299	\$1,163	\$1,136	\$727	\$14,978
Pharmacy	\$4,745	\$2,614	\$2,758	\$3,181	\$3,048	\$2,832	\$3,383	\$3,313	\$3,209	\$3,376	\$3,528	\$3,362	\$39,348
Residential Serv.	\$704	\$160	\$191	\$227	\$209	\$203	\$195	\$180	\$236	\$235	\$118	\$130	\$2,789
Grand Total	\$28,702	\$27,431	\$27,722	\$28,888	\$28,467	\$30,069	\$34,361	\$36,107	\$36,501	\$37,912	\$35,469	\$34,504	\$386,132

Table	9

<b>Distinct Members</b>	Served					]	FY20					
Service Type	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11
ACO		2,064	2,248	2,364	2,649	2,973	3,281	3,539	3,803	4,024	4,334	4,573
Integrated Plan		15,581	17,053	18,039	19,692	21,854	23,946	25,828	27,266	28,876	30,494	32,254
Behavioral Health	2,596	6,466	6,701	7,056	7,471	7,909	8,429	8,791	9,321	9,625	10,018	10,472
Emergency Room	2,535	1,367	1,331	1,333	1,015	1,062	1,144	1,197	1,128	1,053	909	745
Inpatient Hospital	830	575	531	529	453	479	553	547	551	512	460	390
Other Services	23,365	25,419	26,653	27,778	30,670	32,742	35,016	37,064	39,153	41,161	43,353	45,159
Outpatient Hosp.	2,900	1,191	1,086	943	758	902	1,124	1,050	1,048	1,070	994	844
Pharmacy	9,445	7,561	7,935	8,443	8,482	8,912	9,636	10,018	10,330	10,730	11,290	11,262
Residential Serv.	284	70	66	53	40	50	58	45	47	50	39	35
Grand Total	24,012	26,529	27,749	28,971	31,760	33,797	36,131	38,240	40,320	42,269	44,364	46,267

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